FY 16/17

Title V:

Medical Home & Transition to Adulthood

Request for Proposal

Indiana State Department of Health

Children's Special Health Care Services (CSHCS) Division

FUNDING OPPORTUNITY DESCRIPTION

PURPOSE:

The purpose of this Request for Proposals (RFP) is to fund **competitive** grants for nonprofit organizations, local health departments, and health care entities within the State of Indiana to implement programs focused on addressing medical home and transition to adulthood for children with and without special health care needs. Applicants can submit applications that propose to provide services related to medical home and transition.

SUBMISSION DETAILS:

To be considered for this competitive funding, a completed application must be received by ISDH by NO LATER THAN

Friday, May 1st, 2015 at 5:00 pm EST

Applicants are to submit applications electronically. For electronic submission:

SUBMIT APPLICATIONS VIA EMAIL TO JUSTIN SEARCY— INTEGRATED COMMUNITY SERVICES MANAGER AT JSEARCY@ISDH.IN.GOV

SUMMARY OF FUNDING

The Indiana State Department of Health (ISDH), Children's Special Health Care Services (CSHCS) Division is requesting applications from local and statewide service providers and planning organizations (nonprofit organizations, hospitals, local health departments, community care centers, rural health centers, WIC locations) for **COMPETITIVE** grant funding. Funding will be used to develop and implement services focused on addressing Title V National Performance Measures for children with and without special health care needs.

This is a new grant application and will be open to all projects proposing to Title V population domains and their associated priority areas. The applicant should justify the size of the budget for each category of fundable services there is no specific total amount for this grant. Grants will be for a 24-month period and anticipate a start date of **October 1, 2015.**

TECHNICAL ASSISTANCE WEBINAR

ISDH will conduct a grant application webinar to provide technical assistance with the Medical and Transition grant application on **Thursday, April 16, 2015, from 11:00a-12:00p**.

Attendance for this webinar is strongly recommended for all prospective applicants.

DESCRIPTION OF TITLE V

TITLE V

Enacted in 1935 as a part of the Social Security Act, the Title V Maternal and Child Health Program is the Nation's oldest Federal-State partnership. For over 75 years, the Federal Title V Maternal and Child Health program has provided a foundation for ensuring the health of the Nation's mothers, women, children and youth, including children and youth with special health care needs, and their families. Title V converted to a Block Grant Program in 1981.

Specifically, the Title V Children's Special Health Care Needs program seeks to:

- Assure access to quality care, especially for children who have special health care needs.
- Increase the number of children receiving health assessments and follow-up diagnostic and treatment services.
- Provide and ensure access to preventive and child care services as well as rehabilitative services for certain children.
- Implement family-centered, community-based, systems of coordinated care for children with special health care needs.

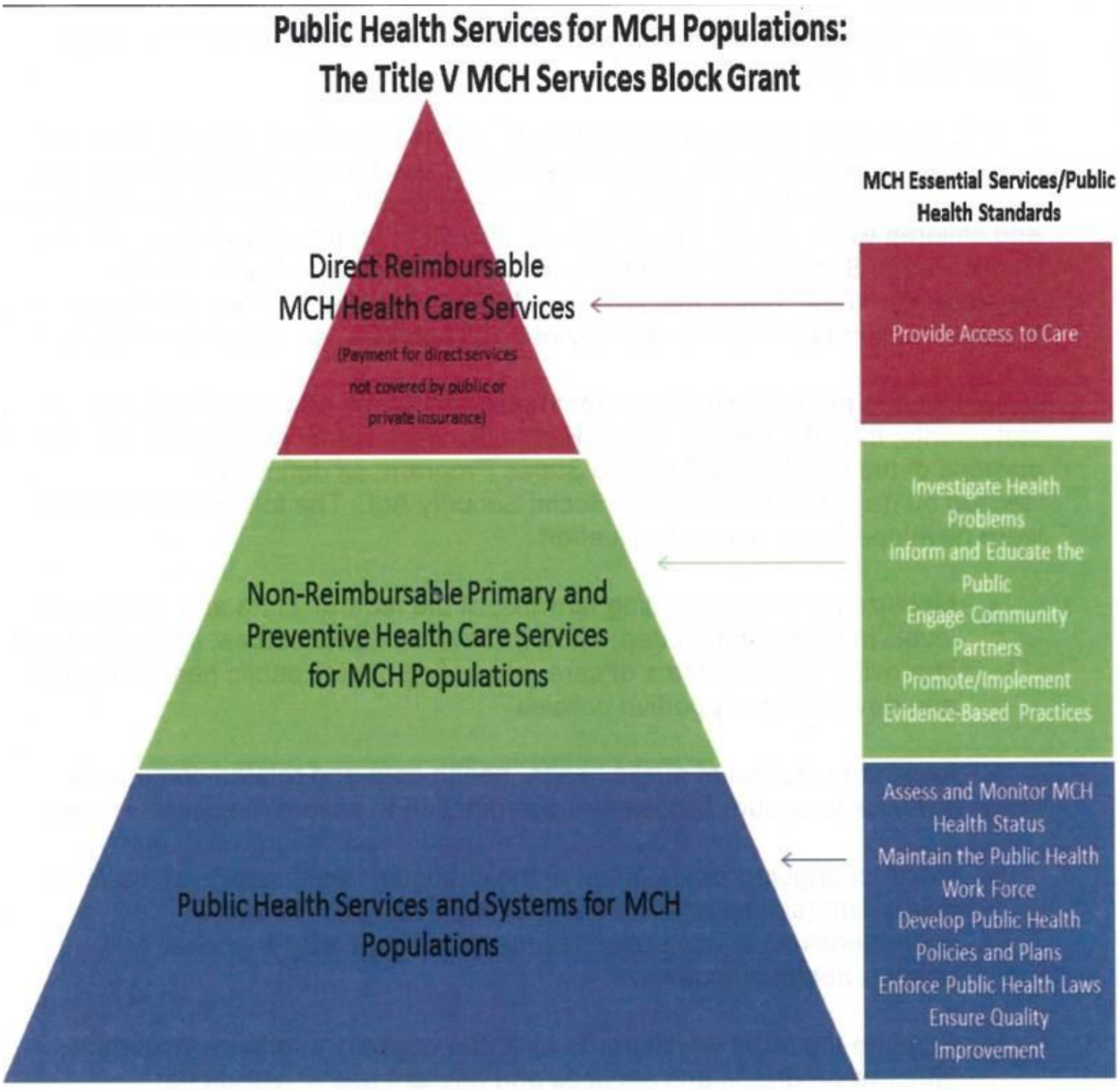
TITLE V TRANSFORMATION 3.0: CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS (CYSHCN)

Historically, the Title V Block Grant National Performance Measures for CYSHCN focused on six core outcomes:

1. **Family Professional Partnerships:** Families of CYSHCN will partner in decision making at all levels and will be satisfied with the services they receive.
2. **Medical Home:** CYSHCN will receive regular ongoing comprehensive care within a medical home.
3. **Insurance and Financing:** Families of CYSHCN will have adequate private/public insurance to pay for the services they need.
4. **Early and Continuous Screening and Referral:** Children will be screened early and continuously for special health care needs.
5. **Easy to Use Services and Supports:** Community-based service systems will be organized in ways that families can use them easily.
6. **Transition to Adulthood:** Youth with special health care needs will receive the services necessary to make appropriate transitions to all aspects of adult life, including adult health care, work, and independence.

With the Transformation of the Title V Block Grant, the National Performance Measures are divided into seven population domains, including one specifically for children with special

health care needs (CSHCN). States must select at least one measure from each domain. The CSHCN Domain National Performance Measures are **Medical Home** and **Transition to Adulthood**.



POPULATION DOMAIN DESCRIPTION

MEDICAL HOME

The Title V Block Grant defines the medical home National Performance Measure as:

A. Medical Home (Data Source: NSCH)
    a. Definition: % children with and without CYSHCN that have a medical home
        - US: 54%
        - IN: 57.9%

The Medical Home Indicators as measured by the National Survey of Children with Special Needs are (NS-CSHCN Chartbook 2009/2010):

- Usual Source of Sick and Well Care
- Personal Doctor or Nurse
- Effective Cross-System Care Coordination
- Family-Centered Care
- Getting Needed Referrals

A medical home means a source of ongoing, comprehensive, coordinated, family-centered care in the child's community. Child health care professionals and families agree that medical homes provide important and unique benefits to CYSHCN. The medical home can and should provide preventive services, immunizations, growth and developmental assessments, appropriate screening, health care supervision, and patient and family counseling that children have continuity of care from visit to visit, from infancy through transition into adulthood. In addition, it must be supported to provide care coordination services so that each family and all the professionals serving them work together, as an organized team, to implement a specific care plan and to address issues as they arise. The key components of medical home are the collaborative efforts between the primary, specialty, and subspecialty providers. This can establish shared management plans in partnership with the child and family to formulate a clear description of each role. (NS-CSHCN Chartbook 2009/2010).

Goals for Care Coordination include the following activities (Care Coordination for "Early Evaluation Hub" Families: Hub and CareShare for Kids Partnership; McAllister, JA, 2015)**:**

- Establish trusting and respectful relationships with each family
    - Assist the family to fully understand their child's diagnosis
    - Help the family know where to go for each identified need
    - Guide the family to set goals related to their child and family needs
- Provide system navigation support to ensure that treatment interventions, educational, and financial resources are fully identified and maximized
- Encourage the family to maintain a usual source of local primary care

Figure 1. A Framework for High-Performing Pediatric Care Coordination

Care Coordination Definition:

Pediatric care coordination is a patient- and family-centered, assessment-driven, team-based activity designed to meet the needs of children and youth while enhancing the caregiving capabilities of families. Care coordination addresses interrelated medical, social, developmental, behavioral, educational, and financial needs to achieve optimal health and wellness outcomes.

Defining Characteristics of Care Coordination:

1. Patient- and family-centered
2. Proactive, planned, and comprehensive
3. Promotes self-care skills and independence
4. Emphasizes cross-organizational relationships

Care Coordination Competencies:

1. Develops partnerships
2. Communicates proficiently
3. Uses assessments for intervention
4. Is facile in care planning skills
5. Integrates all resource knowledge
6. Possesses goal/outcome orientation
7. Takes an adaptable and flexible approach
8. Desires continuous learning
9. Applies team-building skills
10. Is adept with information technology

Care Coordination Functions:

1. Provides separate visits and care coordination interactions
2. Manages continuous communications
3. Completes/analyzes assessments
4. Develops care plans with families
5. Manages/tracks tests, referrals, and outcomes
6. Coaches patients/families
7. Integrates critical care information
8. Supports/facilitates care transitions
9. Facilitates team meetings
10. Uses health information technology

Delivery of Family-Centered Care Coordination Services Includes:

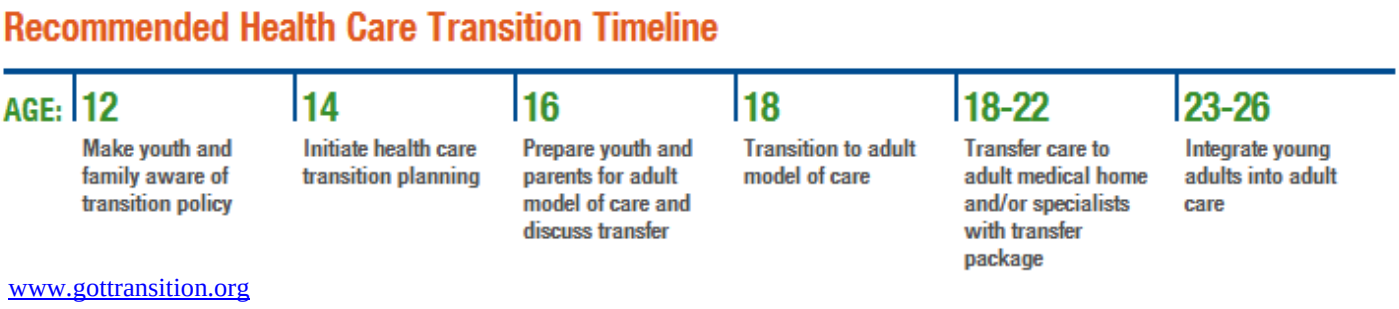
Antonelli, R., McAllister, J.W., & Popp, J., 2009

TRANSITION TO ADULTHOOD

The Title V Block Grant defines transition to adulthood National Performance Measure as:

B. Transition (Data Source: NSCH)
   a. Definition: % adolescents ages 12-17 with and without CYSHCN who received services necessary to make transitions to adult health care
      - US: 40%
      - IN: 43.7%

While rapid advances in medical science have enabled nearly all children born with special needs to reach adulthood, youth with special health care needs are much less likely than their non-disabled peers to finish high school, pursue post-secondary education, get jobs, or live independently. Few coordinated services have been available to assist them in their transitions from school to work, home to independent living, and child and family-focused care to adult-oriented care. Transition planning must begin early in order to move children and families along in a developmental fashion. One of the greatest challenges in planning is how to make a successful transition from the pediatric to adult health care system for youth with special health care needs. The overall goal of transition services is to prepare the child for the next phase that will prepare them to enter into adulthood. This process will provide each child with the self independent skills that are needed for life. Health care professionals, on both the pediatric and adult sides, may lack the training, support, and opportunities they need to promote the development of youth with special health care needs as partners in health care decision-making and policy formulation. Some adult health care providers may not be prepared to treat patients with complex medical conditions that begin in childhood. The challenge remains to improve the system that serves youth with special health care needs while simultaneously preparing youth and their families with the knowledge and skills necessary to promote self-determination, wellness, and successful navigation of the adult service system. (NS-CSHCN Chartbook 2009/2010).



Transitioning Youth to An Adult Health Care Provider

Six Core Elements of Health Care Transition 2.0

1. Transition Policy

- Develop a transition policy/statement with input from youth and families that describes the practice's approach to transition, including privacy and consent information.
- Educate all staff about the practice's approach to transition, the policy/statement, the *Six Core Elements*, and distinct roles of the youth, family, and pediatric and adult health care team in the transition process, taking into account cultural preferences.
- Post policy and share/discuss with youth and families, beginning at age 12 to 14, and regularly review as part of ongoing care.

2. Transition Tracking and Monitoring

- Establish criteria and process for identifying transitioning youth and enter their data into a registry.
- Utilize individual flow sheet or registry to track youth's transition progress with the *Six Core Elements*.
- Incorporate *Six Core Elements* into clinical care process, using EHR if possible.

3. Transition Readiness

- Conduct regular transition readiness assessments, beginning at age 14, to identify and discuss with youth and parent/caregiver their needs and goals in self-care.
- Jointly develop goals and prioritized actions with youth and parent/caregiver and document regularly in a plan of care.

4. Transition Planning

- Develop and regularly update the plan of care, including readiness assessment findings, goals and prioritized actions, medical summary and emergency care plan, and, if needed, a condition fact sheet and legal documents.
- Prepare youth and parent/caregiver for adult approach to care at age 18, including legal changes in decision-making and privacy and consent, self-advocacy, and access to information.
- Determine need for decision-making supports for youth with intellectual challenges and make referrals to legal resources.
- Plan with youth and parent/caregiver for optimal timing of transfer. If both primary and subspecialty care are involved, discuss optimal timing for each.
- Obtain consent from youth/guardian for release of medical information.
- Assist youth in identifying an adult provider and communicate with selected provider about pending transfer of care.
- Provide linkages to insurance resources, self-care management information, and culturally appropriate community supports.

5. Transfer of Care

- Confirm date of first adult provider appointment.
- Transfer young adult when his/her condition is stable.
- Complete transfer package, including final transition readiness assessment, plan of care with transition goals and pending actions, medical summary and emergency care plan, and, if needed, legal documents, condition fact sheet, and additional provider records.
- Prepare letter with transfer package, send to adult practice, and confirm adult practice's receipt of transfer package.
- Confirm with adult provider the pediatric provider's responsibility for care until young adult is seen in adult setting.

6. Transfer Completion

- Contact young adult and parent/caregiver 3 to 6 months after last pediatric visit to confirm transfer of responsibilities to adult practice and elicit feedback on experience with transition process.
- Communicate with adult practice confirming completion of transfer and offer consultation assistance, as needed.
- Build ongoing and collaborative partnerships with adult primary and specialty care providers.

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AWARD INFORMATION

ELIGIBILITY AND REQUIREMENTS:

APPLICANT ORGANIZATION:

- Must be a nonprofit organization (as defined by the IRS Tax Determination), health department, hospital, or other health care related entity.
- Must collaborate with traditional and nontraditional agencies or organizations.
- Must serve populations within Indiana.
- Must comply with financial requirements as listed in the Budget Section.

APPLICATION AND REVIEW INFORMATION:

Additional evaluation weight will be assigned to applicants that:

- Provide services in high-risk counties.
- Promote collaboration and building of comprehensive systems of care.
- Propose innovative approaches to addressing medical home and transition to adulthood.

If the applying organization is currently an ISDH Title V grantee, objectives met or not met will also weigh into the final decision.

EXPECTED REPORTING AND PERFORMANCE CRITERIA:

- All applicants will be required to report on specific performance criteria as outlined in the RFP.
- Applicants must submit quarterly and annual reports the Indiana State Department of Health.
- Applicants are required to report the unduplicated number of service recipients served for each program year.

MEDICAL HOME AND TRANSITION: RFP APPLICATION

SECTION 1: APPLICATION INSTRUCTIONS

Please use this document for all required application information. The application, in its entirety including all supplemental information, **cannot exceed 50 pages with one-inch margins, using easily readable 12-point font.** Applications that exceed the page limit will be considered non-responsive and will not be entered into the review process. The following outlines each section that must be completed in the application document.

SECTION 2: COMPLETION CHECKLIST

The Completion Checklist in Section 2 serves as a guide to ensure that all appropriate and required materials are submitted with the application document. Double click on each check box to indicate a "check mark" for completion.

SECTION 3: APPLICATION COVER PAGE

In Section 3: Cover Page, please list the Name, Title and Signature of the following individuals within the applicant agency:

- Authorized Executive Director
- Project Director
- Person of contact
- Person authorized to make legal and contractual agreements

SECTION 4: SUMMARY (1 PAGE)

This summary will provide the reviewer a succinct and clear overview of the Agency's plan to implement the program. The summary should be the last section written and reflect the narrative. Please include a brief description of the project with the following:

- Brief description of the target population (e.g. race, ethnicity, age, socioeconomic status, geography) and its needs and discuss why the specific interventions proposed are expected to have a substantial positive impact on the appropriate performance measure(s).
- Brief description of existing community partnerships (e.g. referral sources, clinics, healthcare providers, etc.) and how the applicant will work to create new partnerships.

SECTION 5: APPLICATION NARRATIVE

In Section 5: Application Narrative, all required headings are listed. Please do not alter the format of the document.

SECTION 5-A: ORGANIZATION BACKGROUND/CAPACITY: (2000 CHARACTER LIMIT)

This section will enable the reviewers to gain a clear understanding of your organization and its ability to carry out the proposed project—in collaboration with local partners.

- Discuss the history, capability, experiences, and major accomplishments of the applicant organization.
- If you are partnering with any other organizations, please explain the history of this partnership.
- Discuss the applicant organization's previous or current work related to addressing medical home and transition.
- Discuss the applicant organization's other sources of funding to implement the same or similar work. Information can be included in chart format.

SECTION5-B: STATEMENT OF NEED: (4000 CHARACTER LIMIT)

This section must describe need for and significance of this program in the specific community of population as it relates to the program goals. It is intended to help reviewers understand the need for the specific proposed strategies within the context of the community in which the strategies will be implemented. With respect to the primary purpose and goals of the grant program, please:

- Describe and justify the *population* of focus (demographic information on the population of focus, such as race, ethnicity, age, socioeconomic status, and geography, must be provided).
- Describe and justify the *geographic area(s)* to be served.
- Use data to describe the need and extent of the need (e.g. current prevalence or incidence rates) for the population(s) of focus.
- Provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data.
- Cite all references. (do not include copies of sources)

- Describe how the needs were identified.
- Describe resources currently available and identify gaps in services.
- Demonstrate how the applicant agency and its partner organization(s) have linkages to the population(s) of focus and ties to grassroots/community-based organization that are rooted in the culture(s) of the population(s) of focus.

Documentation of need may come from a variety of reliable and valid sources including both qualitative and quantitative sources. Quantitative data can come from local epidemiologic data, State data (e.g. from state needs assessment), and/or national data.

SECTION 5-C: GOALS/OBJECTIVES: (2000 CHARACTER LIMIT)

This section must describe how your program intends to achieve the proposed goals and objectives.

- Provide the overall project goals and each objective. Ensure SMART objectives: Smart, Measurable, Achievable, Realistic and Time-bound.
- Clearly state the unduplicated number of individuals the project proposes to serve (annually and over the entire project period) with grant funds.
- Describe how achievement of the goals will produce meaningful and relevant results.

SECTION 5-D: ACTIVITIES: (6000 CHARACTER LIMIT)

This section must describe the activities of the project. These must relate to the proposed objectives.

- Describe how the proposed service(s) or practice(s) will be implemented or expanded.
- Describe how the populations of interest will be identified, recruited and retained. Using knowledge of beliefs, norms and values, and socioeconomic factors of the population of focus, discuss how the proposed approach addresses these issues in outreaching, engaging, and delivering programs to this population (e.g. collaborating with community gatekeepers).
- Identify any other organization that will participate in the proposed project. Describe their roles and responsibilities and demonstrate the commitment of these entities to the project.

- Show that the necessary groundwork (e.g. planning, development of memoranda of agreement, identification of potential facilities) has been completed or near completion so that the project can be implemented and service delivery begin as soon as possible and no later than 3 months after the grant award.
- Describe the potential barriers to success of the proposed project and how these barriers will be addressed.
- Describe how program continuity will be maintained when there is a change in the operational environment (e.g. staff turnover, change in project leadership) to ensure stability over time.

SECTION 5-E: STAFFING PLAN: (4000 CHARACTER LIMIT)

This section must describe the staff currently available and staff to be hired to conduct the project activities.

- List and describe the staff positions for the project (within the applicant agency and its partner organizations), including the Project Director and other key personnel, showing the role of each and their level of effort of full-time equivalency (FTE) and qualifications.
- Regardless of whether a position is filled or to be announced, please discuss how key staff have/will have experience working with the proposed population, appropriate qualifications to serve the population(s) of focus, and familiarity with cultures and languages of the proposed populations.
- Describe efforts to competitively compensate staff and plans for staff retention.
- Please be sure the Staffing Plan matches the personnel listed in the Bio-Sketches and positions listed in Job Descriptions.

SECTION 5-F: RESOURCE PLAN/FACILITIES: (2000 CHARACTER LIMIT)

This section must describe the facilities that will house the proposed services.

- Describe resources available (within the applicant agency and its partner organizations) for the proposed project (e.g., facilities, equipment).
- Assure that project facilities will be smoke, tobacco, alcohol, and drug-free at all times.

- Explain how the facilities are compliant with the Americans with Disabilities Act (ADA) and amenable to the population(s) of focus. If the ADA does not apply to applicant organization, explain why.

SECTION5-G: EVIDENCE-BASED PRACTICE (2000 CHARACTER LIMIT)

Identify the *evidence based service(s) or promising practice(s)* that you propose to implement and discuss how it addresses the purpose, goals and objectives of your proposed project. Please cite the sources of your information.

- Discuss the evidence that shows that this practice is effective with your population(s) of focus.

- If the evidence is limited or non-existent for your population(s) of focus, provide other information to support your selection of the intervention(s) for the population(s).

- Identify and justify any modifications or adaptations you will need to make (or have already made) to the proposed practice(s) to meet the goals of your project and why you believe the changes will improve the outcomes.

SECTION 5-H: EVALUATION PLAN (6000 CHARACTER LIMIT)

All applicants are required to collect data for reporting and monitoring purposes. This information must be collected on an on-going basis and reported quarterly and annually. In this section, the applicant organization must document its ability to collect and report on the required priority measurements.

Outcome Evaluation (for each of the bullets below; please list responsible staff and frequency)

- Describe plan for data collection. Specify all measures or instruments to be used; specifically, describe current collection efforts and plans to expand (as needed) to medical home and transition priority measurements.
- Describe plan for data management.
- Describe plan for data analysis.
- Describe plan for data reporting; specifically, describe current reporting efforts and plans to expand these efforts (as needed) to meet the medical home and transition measures.
- Describe methods to ensure continuous quality improvement, including consideration of disparate outcomes for different racial/ethnic groups (activities may include: client surveys, observations).
- Describe the plan for maintenance of fidelity to the evidence-based model(s).

- Describe plan for protection of client privacy, following HIPAA requirements.
- Describe plan of action if outcomes are not meeting or exceeding expectations during a quarterly or annual evaluation.
- Describe how outcome data will be used to guide applicant's education programs in the future.
- Describe how outcomes will be disseminated to stakeholders within the applicant agency, its partnering agencies, and throughout local and statewide communities.

SECTION 5-I: SUSTAINABILITY PLAN (2000 CHARACTER LIMIT)

Outline a plan for how the program activities will be sustained at the conclusion of this funding. This may include, but is not limited to:

- Anticipated contributors of sustained funding (e.g., Medicaid, private funder)
- Plans to ensure dedicated staff after the conclusion of grant funding.
- Plans to continue collaborating partnerships.

SECTION 5-J: LITERATURE CITATIONS: (1 PAGE)

In this section, please list complete citations for all references cited*, including:

- Document title
- Author
- Agency
- Year
- Website (if applicable)

**American Psychological Association [APA] style is recommended*

SECTION 6: BUDGET

Please use the Title V Medical Home and Transition to Adulthood: RFP Application document, Section 6 to fill out the required Budget Narrative. For budget-related questions, please contact Alisha Borcherding at aborcherding@isdh.in.gov or 317-233-7558.

Budget forms are attached as a separate Microsoft Excel workbook; this is to be completed and submitted as an Excel workbook along with your application. Do NOT substitute a different format. Create separate budgets for Fiscal Year (FY) 2016 and FY 2017 using the appropriate tabs for each worksheet; do NOT combine budget information for FY 2016 and FY 2017. The budget is an estimate of what the project will cost. In this section, be sure to demonstrate that:

- All expenses are directly related to project;
- The relationship between budget and project objectives is clear; and
- The time commitment to the project is identified for major staff categories and is adequate to accomplish project objectives.

Title V grantees are required to provide matching funds of at least 30% of the amount requested from ISDH. NO EXCEPTIONS: All staff listed in the budget must be included in the Staff listing as indicated in Section 6 above. In-state travel information must include miles, mileage reimbursement rate, and reason for travel. Travel reimbursement may not exceed State rates. Currently, the in-state travel reimbursement is $0.44 per mile, $26 per day per diem, and $89 plus tax per night of lodging. Please check for consistency among all budget information. Your budget must correlate with project duration:

- **FY 2016 - October 1, 2015 through September 30, 2016 and**
- **FY 2017 - October 1, 2016 through September 30, 2017.**

In completing the packet, remember that all amounts should be rounded to the nearest penny.

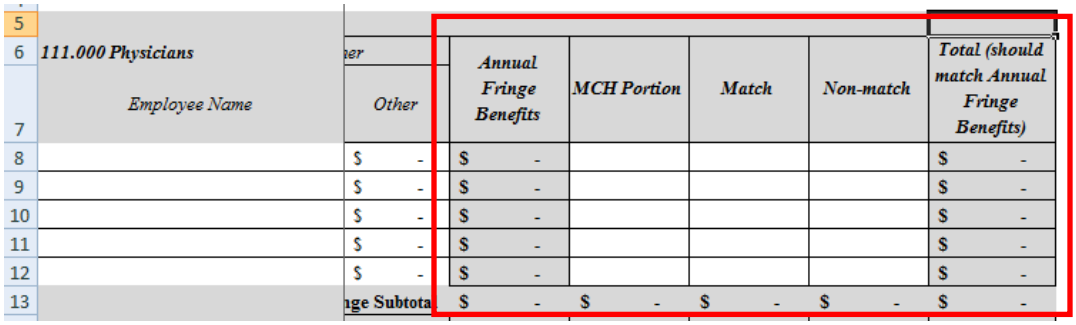
Completing the Budget Workbook

There are a total of seven tabs in the workbook – a Summary tab as well as a Schedule A, Schedule B, and Anticipated Expenditures tab for each fiscal year. Please complete the information about your organization at the top of the Summary tab. The tables at the bottom of the Summary tab will automatically populate the totals for each category when you fill in the information on Schedule A and Schedule B for each year. **Do not change any of the formulas already populated in the totals columns.**

Schedule A

For each individual staff member, provide the name of the staff member and their title or role in the project. Each staff member must be listed by name. Each staff member's hourly rate, hours per week, and weeks per year should be entered, and the Annual MCH Salary column will automatically calculate the total. Common fringe categories have been given, but please only fill in the Fringe based on what is used by each staff member. Again, the Annual Fringe Benefits column will automatically calculate the total.

Columns are provided to enter the amount of each budget item that will be paid by MCH funds, match funds, and any non-match funds (see diagram below). Those three amounts are automatically totaled in the next column so you can easily verify that the amounts entered come to the same total as the budget item. Each column automatically totals per staff category, and that information automatically fills in the appropriate space on the Summary tab. The MCH portion also automatically fills in on the Anticipated Expenditures tab.



5							
6	*111.000 Physicians*	*her*	*Annual Fringe Benefits*	*MCH Portion*	*Match*	*Non-match*	*Total (should match Annual Fringe Benefits)*
7	*Employee Name*	*Other*					
8		$ -	$ -				$ -
9		$ -	$ -				$ -
10		$ -	$ -				$ -
11		$ -	$ -				$ -
12		$ -	$ -				$ -
13		**ge Subtota**	$ -	$ -	$ -	$ -	$ -

Schedule B

Typical contractual service categories have been provided as guide. List each contract, general categories of supplies (office supplies, medical supplies, etc.), travel by staff members, rent/utilities, communication, and other expenditures in the appropriate section. Formulas have already been entered into the total column for each section.

Travel must be calculated for each staff member who will be reimbursed and may not exceed the State's rates as indicated for each item. Please be aware that indirect costs are not allowed as a set amount or percentage of the agreement. Any indirect costs such as rent, utilities, etc. should be listed out as separate line items.

As with Schedule A, there are columns to enter the MCH portion, match, and non-match funds and a total to verify it matches the total of the budget item. Each column automatically totals per category, and that information automatically fills in the appropriate space on the Summary tab. The MCH portion also automatically fills in on the Anticipated Expenditures tab.

Anticipated Expenditures Form

Title V has a 30% match requirement. Title V is federal funding, and as such **you cannot use federal funds as match**. The anticipated expenditures form is set up to automatically populate the MCH Funds column from your Schedule A and B totals. The Subtotal and Total rows at the bottom are set up with SUM formulas to automatically total and are locked to prevent editing. The only cells you will be able to access are the ones where information needs to be entered. Please indicate where your match funding and non-match funding will come from for each budget category.

Account Codes

111.000 Physicians		
Clinical Geneticist	Medical Geneticist	Pediatrician
Family Practice Physician	OB/GYN	Resident/ Intern
General Family Physician	Other Physician	Neonatologist
Genetic Fellow		
111.150 Dentists/ Hygienists		
Dental Assistant	Dental Hygienist	Dentist
111.200 Other Service Providers		
Audiologist	Genetic Counselor (M.S.)	Psychologist
Child Development Specialist	Health Educator/ Teacher	Psychometrist
Community Educator	Outreach Worker	Speech Pathologist
Community Health Worker	Physical Therapist	Occupational Therapist
Family Planning Counselor	Physician Assistant	
111.350 Care Coordination		
Licensed Clinical Social Worker(L.C.S.W.)	Registered Dietician	Social Worker (M.S.W.)
Licensed Social Worker (L.S.W.)	Social Worker (B.S.W.)	Registered Nurse
Physician		
111.400 Nurses		
Clinic Coordinator	Licensed Midwife	Pediatric Nurse Practitioner
Community Health Nurse	Licensed Practical Nurse	Registered Nurse
Family Planning Nurse Practitioner	Other Nurse	School Nurse Practitioner
Family Practice Nurse Practitioner	Other Nurse Practitioner	OB/GYN Nurse Practitioner
111.600 Social Service Providers		
Caseworker	Counselor (M.S.)	Social Worker (M.S.W.)
Licensed Clinical Social Worker(L.C.S.W.)	Social Worker (B.S.W.)	Counselor
Licensed Social Worker (L.S.W.)		
111.700 Nutritionists/ Dietitians		
Dietitian (R.D. Eligible)	Registered Dietitian	Nutritionist (Master's Degree)
Nutrition Educator		
111.800 Medical/ Dental Project Director		
Dental Director	Medical Director	Project Director
111.825 Project Coordinator		
111.850 Other Administration		
Accountant/ Finance/ Bookkeeper	Data Entry Clerk	Nurse Aid
Administrator/ General Manager	Evaluator	Other Administration
Clinic Aide	Laboratory Assistant	Programmer/ Systems Analyst
Clinic Coordinator (Administration)	Laboratory Technician	Secretary/ Clerk/ Medical Record
Communications Coordinator	Maintenance/ Housekeeping	Genetic Associate/ Assistant
115.000 Fringe Benefits		
200.000 Contractual Services		
Insurance and Bonding (insurance premiums for fire, theft, liability, fidelity bonds, etc.; malpractice insurance premiums cannot be paid with grant funds)	Equipment Leases Maintenance Agreements	Licensing
200.700 Travel		
Conference Registrations	In-State Staff Travel	
200.800 Rental and Utilities		
Janitorial Services	Utilities	Rental of Space
200.850 Communications		
Postage (including UPS)	Publications	Subscriptions
Printing Costs	Reports	Telephone
200.900 Other Expenditures		
Approved items not otherwise classified above		
Consultants		
Individuals not directly employed by your organization, but with whom you want to contract to perform services under this grant. (If you are contracting with an organization for services, you should list the organization under 200.00 Contractual Services.)		

EXAMPLES OF EXPENDITURE ITEMS THAT WILL NOT BE ALLOWED

1. Construction of buildings, building renovations;
2. Depreciation of existing buildings or equipment;
3. Contributions, gifts, donations;
4. Entertainment, food;
5. Automobile purchase / rental;
6. Interest and other financial costs;
7. Costs for in-hospital patient care;
8. Fines and penalties;
9. Fees for health services;
10. Accounting expenses for government agencies;
11. Bad debts;
12. Contingency funds;
13. Executive expenses (car rental, car phone, entertainment);
14. Fundraising expenses;
15. Legal fees;
16. Legislative lobbying.
17. Equipment;
18. Out-of-state travel; and
19. Dues to societies, organizations, or federations.
20. Incentives

For further clarification on allowable expenditures, please contact:

Alisha Borcherding, MCH Operations Manager, aborcherding@isdh.in.gov or 317/233-7558

SECTION 7: REQUIRED ATTACHMENTS

SECTION 7-A: BIO-SKETCHES (INSTRUCTIONS)

- For positions already filled, provide a brief Bio-Sketch for key personnel.

SECTION 7-B: JOB DESCRIPTIONS (INSTRUCTIONS)

- For positions to be announced and positions currently filled, please provide a brief Job Description for key personnel.

SECTION 7-C: TIMELINE (INSTRUCTIONS)

- Please include a minimum of the following information in the Timeline:
- List activities to occur within each of the Phases (Planning, Implementation, and Evaluation).
- Indicate in which quarter(s) each activity will occur.
- Please ensure these activities and dates of occurrence correspond with the activities and dates listed in the Activities narrative.
- You will complete separate timelines for FY16 and FY17.

SECTION 7-D: OUTCOMES FORMS (INSTRUCTIONS)

Please use the TITLE V MEDICAL HOME AND TRANSITION TO ADULTHOOD APPLICATION document, Section7-D to fill out the required Outcomes Forms.

INSERT CHART HERE…

SECTION 8: ADDITIONAL REQUIRED DOCUMENTS

SECTION 8-A: IRS NONPROFIT TAX DETERMINATION LETTER (1 PAGE MAX)

If applicable, please include with the submission of the **TITLE V MEDICAL HOME AND TRANSITION TO ADULTHOOD: RFP APPLICATION** document, an attachment of an electronic copy (PDF recommended) of the applicant organization's IRS Nonprofit Tax Determination Letter. Please limit this attachment to 1 page total.

ATTACHMENT 8-B: ORG CHART & PROGRAM-SPECIFIC ORG CHART (2 PAGES MAX)

Please include with the submission of the **TITLE V MEDICAL HOME AND TRANSITION TO ADULTHOOD: RFP APPLICATION** document, an attachment of an electronic copy (PDF recommended) of the applicant organization's overall organizational chart as well as the applicant organization's program-specific organization chart. The program specific-organization chart must include program partners, existing program staff, to-be-hired program staff, key personnel, etc. Please limit this attachment to 2 pages total.

ADDITIONAL RESOURCES

CSHCS CONTACTS

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Integrated Community Services Manager

317.233.7898

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SHIRLEY PAYNE, MPH

CSHCS Division Director

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GRANTS MANAGEMENT CONTACTS

ALISHA BORCHERDING

MCH Operations Manager

317.233.7129

aborcherding@isdh.in.gov

WEBSITE RESOURCES

- ISDH Labor of Love: www.laboroflove.in.gov
- Indiana State Department of Health- Children's Special Health Care Services : http://cshcs.in.gov
- SMART Objectives: www.cdc.gov/phin/communities/resourcekit/tools/evaluate/smart_objectives.html
- Maternal and Child Health Bureau: www.mchb.hrsa.gov
- Life-course Perspective: www.mchb.hrsa.gov/lifecourseresources,htm
- Data Resource Center for Child & Adolescent Health: www.childhealthdata.org
- Outcome Indicator Percentages by County of Residence and Race of Mother (Table):http://www.in.gov/isdh/reports/natality/2012/tbl32_t.htm
- Got Transition: www.gottransition.org
- National Center for Medical Home Implementation: http://www.medicalhomeinfo.org/
- National Standards for Systems of Care for CYSHCN: http://www.amchp.org/AboutAMCHP/Newsletters/member-briefs/Documents/Standards%20Charts%20FINAL.pdf

- Antonelli, R., McAllister, J.W., & Popp, J. (2009). Making care coordination a critical component of the pediatric health system: a multidisciplinary framework. *The Commonwealth Fund; pub. no. 1277*.